



PART B - FEE(S) TRANSMITTAL

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06/30/2004

STEPHEN B. DAVIS
BRISTOL-MYERS SQUIBB COMPANY
PATENT DEPARTMENT
P O BOX 4000
PRINCETON, NJ 08543-4000

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Nancy Turover

(Depositor's Name)

N Turover

(Signature)

Sept 22, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/713,893	11/14/2003	Ronald J. Mattson	CT2666DIV1	1115

TITLE OF INVENTION: CYCLOPROPYLINDOLE DERIVATIVES AS SELECTIVE SEROTONIN REUPTAKE INHIBITORS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/30/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
SAEED, KAMAL A	1626	548-469000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Shah R. Makujina

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bristol-Myers Squibb Company, Princeton, New Jersey USA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-3880 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Shah R. Makujina (Date) 9/22/04

Shah R. Makujina, Reg. No. 41,174

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09/22/2004 CNGUYEN1 00000119 193880 10713893

01 FC:1501

1330.00 DA

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TRANSMIT THIS FORM WITH FEE(S)



Bristol-Myers Squibb Company
P.O. Box 4000
Princeton, NJ 08543-4000 U.S.A.

Fax

To:	COMMISSIONER FOR PATENTS USPTO - ISSUE FEE	From:	Shah R. Makujina Reg. No. 41,174
Fax:	(703) 746-4000	Phone:	203-677-7268
Date:	September 22, 2004	Pages:	4 including cover page
Re:	USSN 10/713,893	Docket:	CT-2666-DIV

Document enclosed:

- (1) Part B - Fee Transmittal Sheet (1 page with copy)
- (2) "Fee Address" Indication Form

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the documents listed above are being transmitted via facsimile to the
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Date

N. S. Turover
Signature

Nancy S. Turover
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If you do not receive a complete fax, please contact Nancy Turover @ 203-677-7668.